## **ADDRESS CHANGE NOTIFICATION**

Retirement Systems of Alabama
P. O. Box 302150 • Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

**Retired Members:** This form is for HOME ADDRESS ONLY and is **Not** to be used for DIRECT DEPOSIT Bank addresses.

Note: This will change your Home Address with ALL RSA accounts.

Membership	Name:	
☐ Employees' Retirement System	Social Security Numb	er:
☐ Teachers' Retirement System ☐ Judicial Retirement Fund	Employer:	
☐ RSA-1 ☐ PEIRAF		(Active Members Only)
□ PEEHIP		
	Effective Date of New	Addraga
	Ellective Date of New	Address://
Status	Retired Members Or	nly (Check below if applicable)
☐ Active	☐ I receive more t	han one monthly payment from RSA.
☐ Inactive ☐ Retired		e a form to request setup or change Direct
☐ Beneficiary Receiving	Deposit to my b	ank.
Old Address		
Street or P. O. Box		
City	State	Zip Code
	New Address	
	New Address	
Street or P. O. Box		
City	State	Zip Code
Cinnatura		Data
Signature		Date